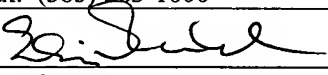
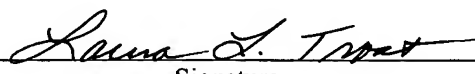


TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/576,437
		Filing Date	October 19, 2004
		First Named Inventor	Best et al.
		Group Art Unit	To be Assigned
		Examiner Name	To be Assigned
Total Number of Pages in This Submission	4	Attorney Docket Number	20747/320 (ARDBW/P31750US)

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply (\$_____) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (\$_____) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement (\$_____) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Notice to File Missing Parts/Incomplete Application (\$_____) <input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input checked="" type="checkbox"/> Declaration and Power of Attorney (2 pages) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition (\$_____) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer (\$_____) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (\$_____) (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input type="checkbox"/> Check in the amount of \$_____ <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Submission of Combined Declaration and Power of Attorney Form (1 page)
Remarks	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Edwin V. Merkel Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1128 Fax: (585) 263-1600
Signature	 Registration No. 40,087
Date	October 30, 2006

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	
I hereby certify that this correspondence is being:	
<input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop PCT, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450	
<input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____	
10/31/06 Date	 Signature Laura L. Trost Typed or printed name

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant	:	Best et al.)	Examiner:
)	To Be Assigned
Serial No.	:	10/576,437)	
)	Art Unit:
Cnfrm. No.	:	To Be Assigned)	To Be Assigned
)	
Filed	:	October 19, 2004)	
)	
For	:	COMPOSITIONS AND METHODS OF)	
		TREATMENT)	

SUBMISSION OF COMBINED DECLARATION
AND POWER OF ATTORNEY FORM


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Dear Sir:

Applicants submit herewith a Combined Declaration and Power of Attorney form for the above-identified patent application. Inasmuch as the Combined Declaration and Power of Attorney form was filed unsigned, we expected to receive a Notification of Missing Requirements Under 35 U.S.C. 371. However, we have not yet received one.

If any fees are due in regard to the submission of this Combined Declaration and Power of Attorney form, please charge our Deposit Account No. 14-1138.

Date: October 30, 2006


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